

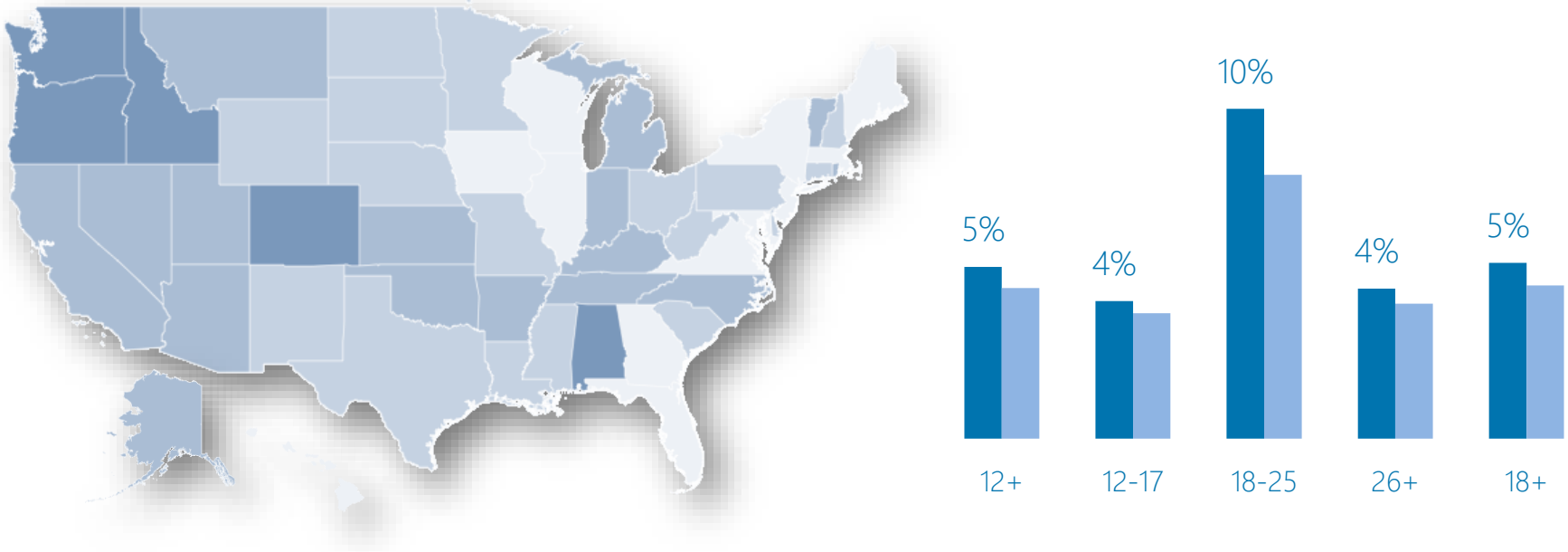
# OPIOID MISUSE & OVERDOSE: IDAHO'S RESPONSE

Nicole Fitzgerald, MPA, CPS  
Governor's Office of Drug Policy





## Idaho ranks 5<sup>th</sup> in the nation for pain reliever misuse

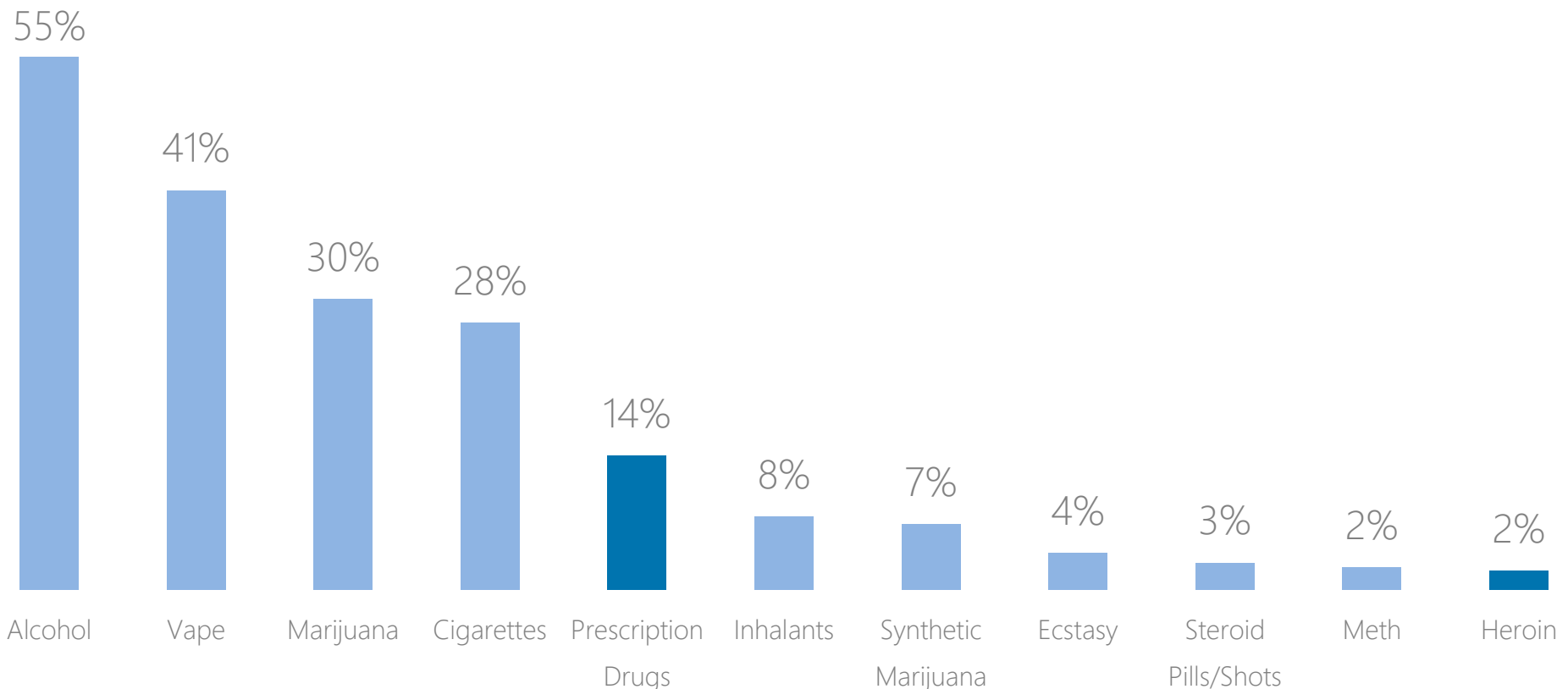


- Idahoans aged 18 to 25 were significantly more likely to report misusing prescription drugs.
- Idahoans were more likely to misuse prescription drugs in every age group compared to the percentage for the United States.

# USE

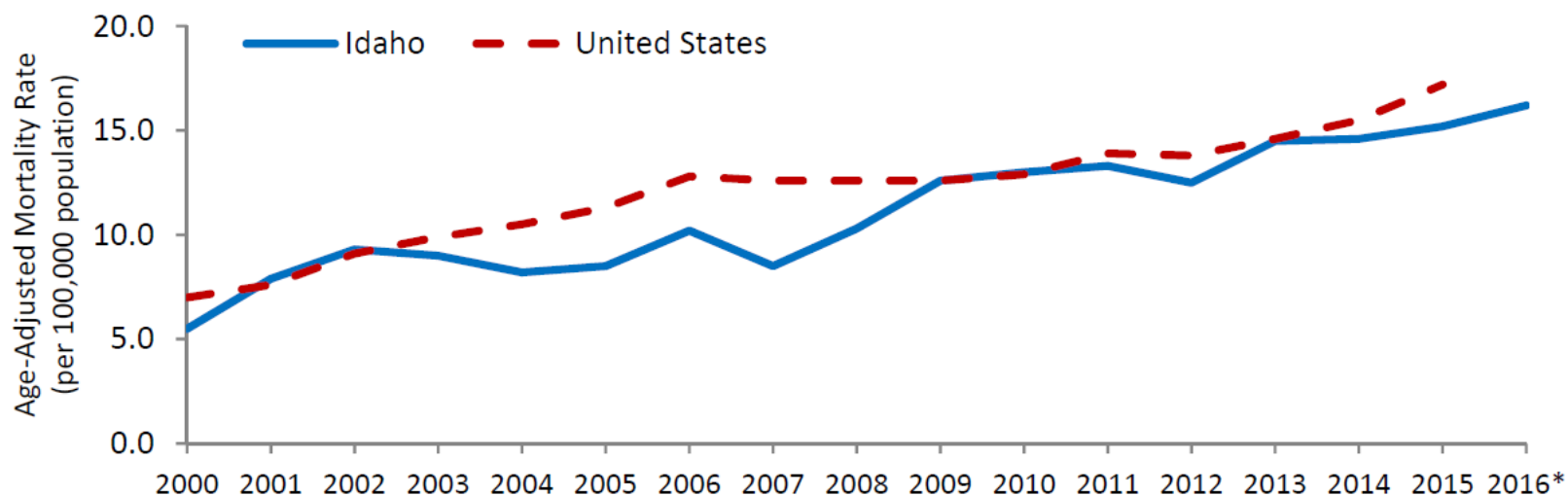
OVER 1 IN 7 IDAHO HIGH SCHOOL STUDENTS HAVE EVER MISUSED PRESCRIPTION DRUGS.

1 IN 50 HAVE TRIED HEROIN



# Drug-induced Death

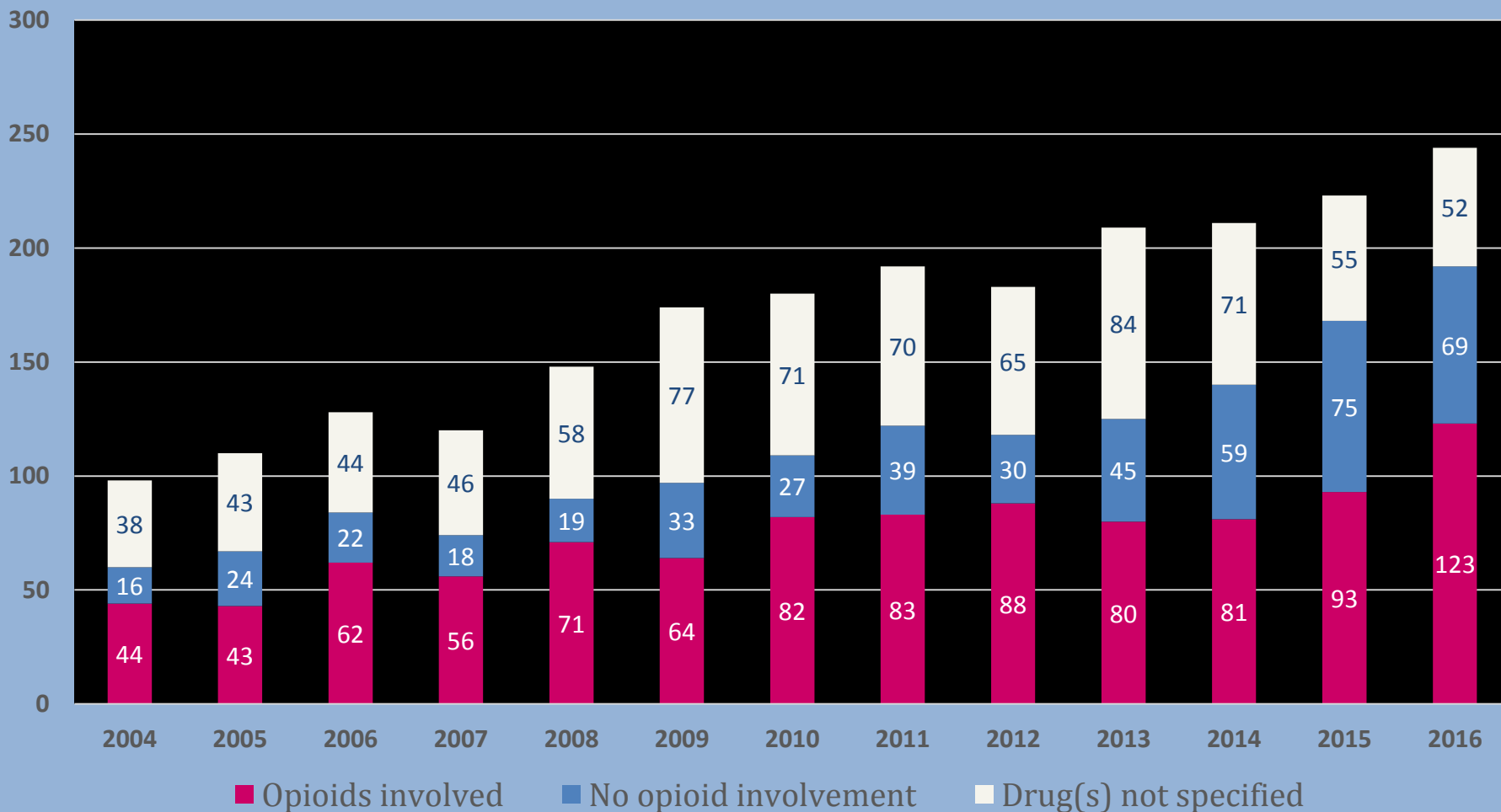
**FIGURE 1.** Age-adjusted mortality rate trend for drug-induced deaths: Idaho residents and the United States<sup>1</sup>, 2000-2016.



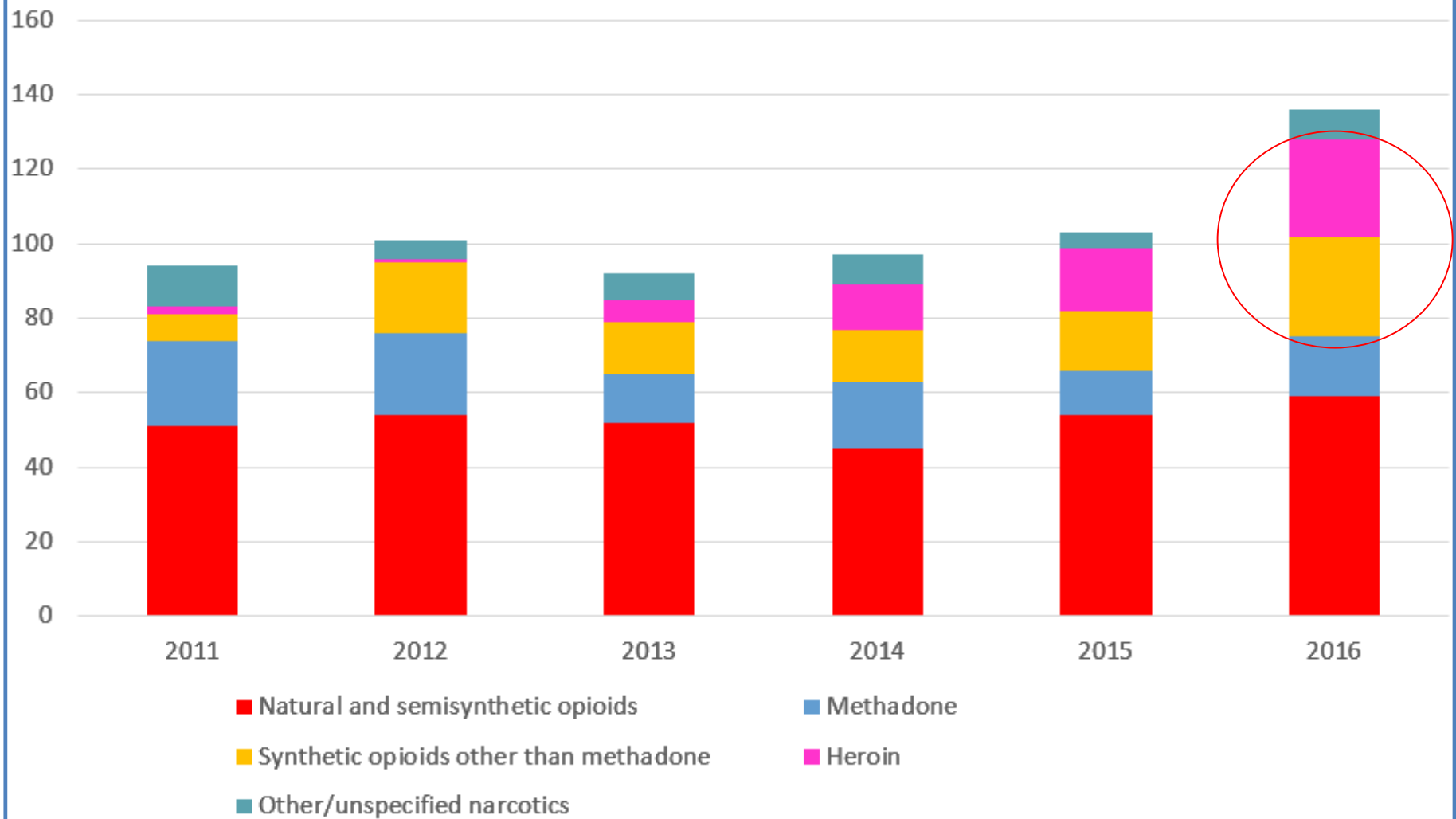
\*2016 data for the United States has not been released.

<sup>1</sup>Source: CDC Wonder

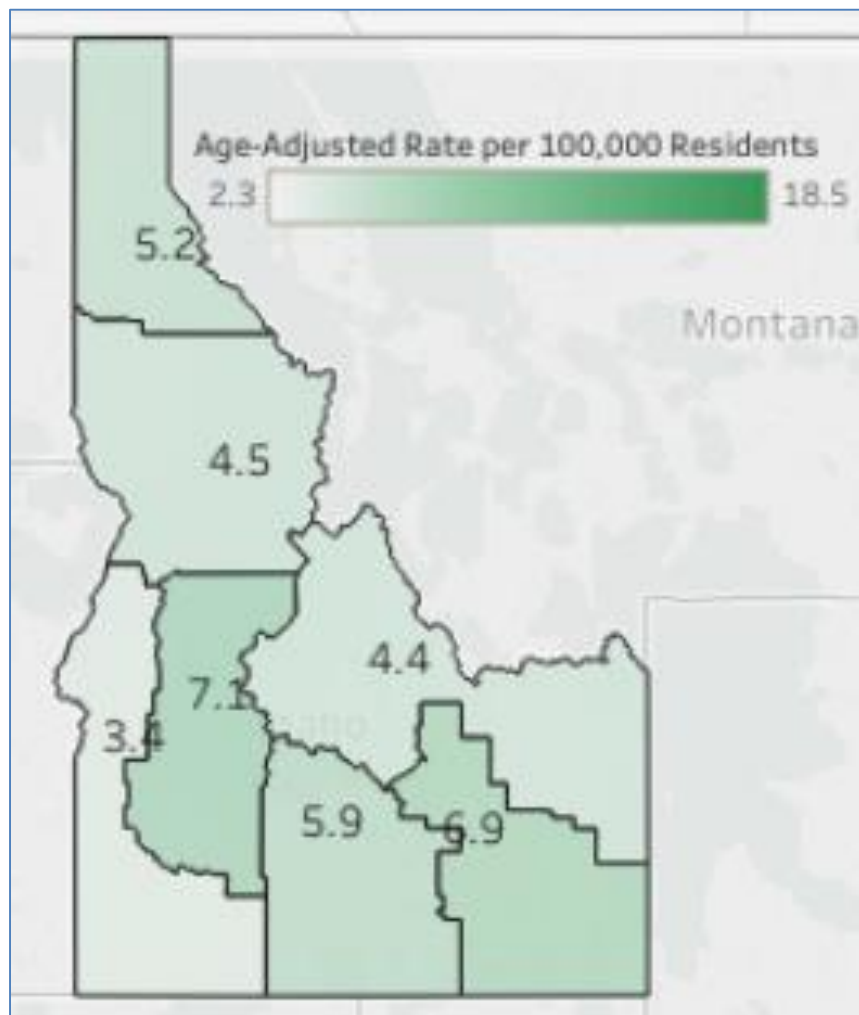
# Drug Poisoning (Overdose) Deaths, Idaho 2004-2016



# Number of drug-induced deaths by opioid drug category reported on the death certificate for each year: Idaho residents, 2011-2016



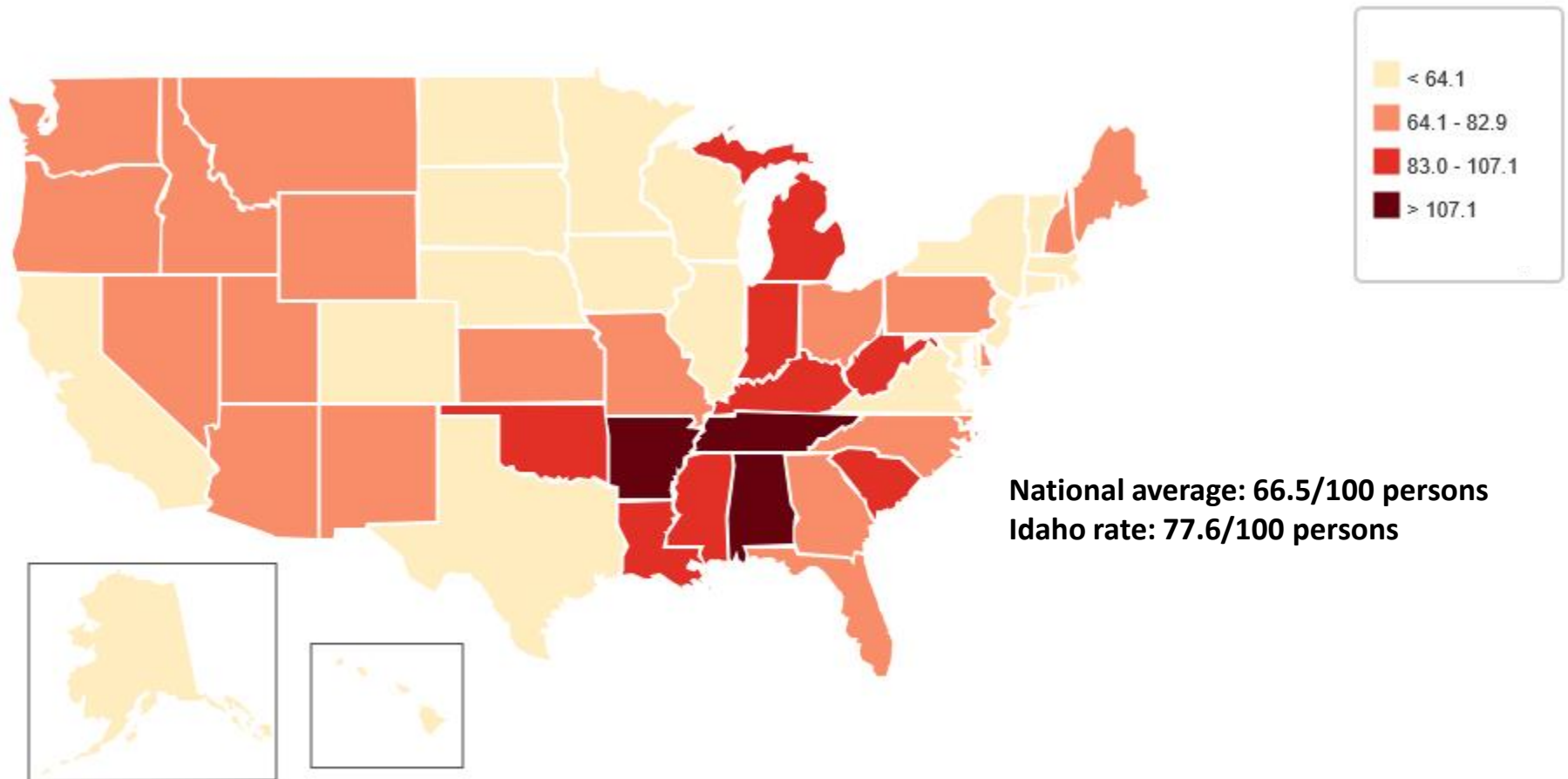
## Rate of Drug Overdose Deaths reporting Opioid involvement by Public Health District of Residence 2011-2015\*



\*among Idaho residents

# PRESCRIPTIONS

Idaho ranks 17<sup>th</sup> in the nation in the total number of opioid prescriptions dispensed/100 persons

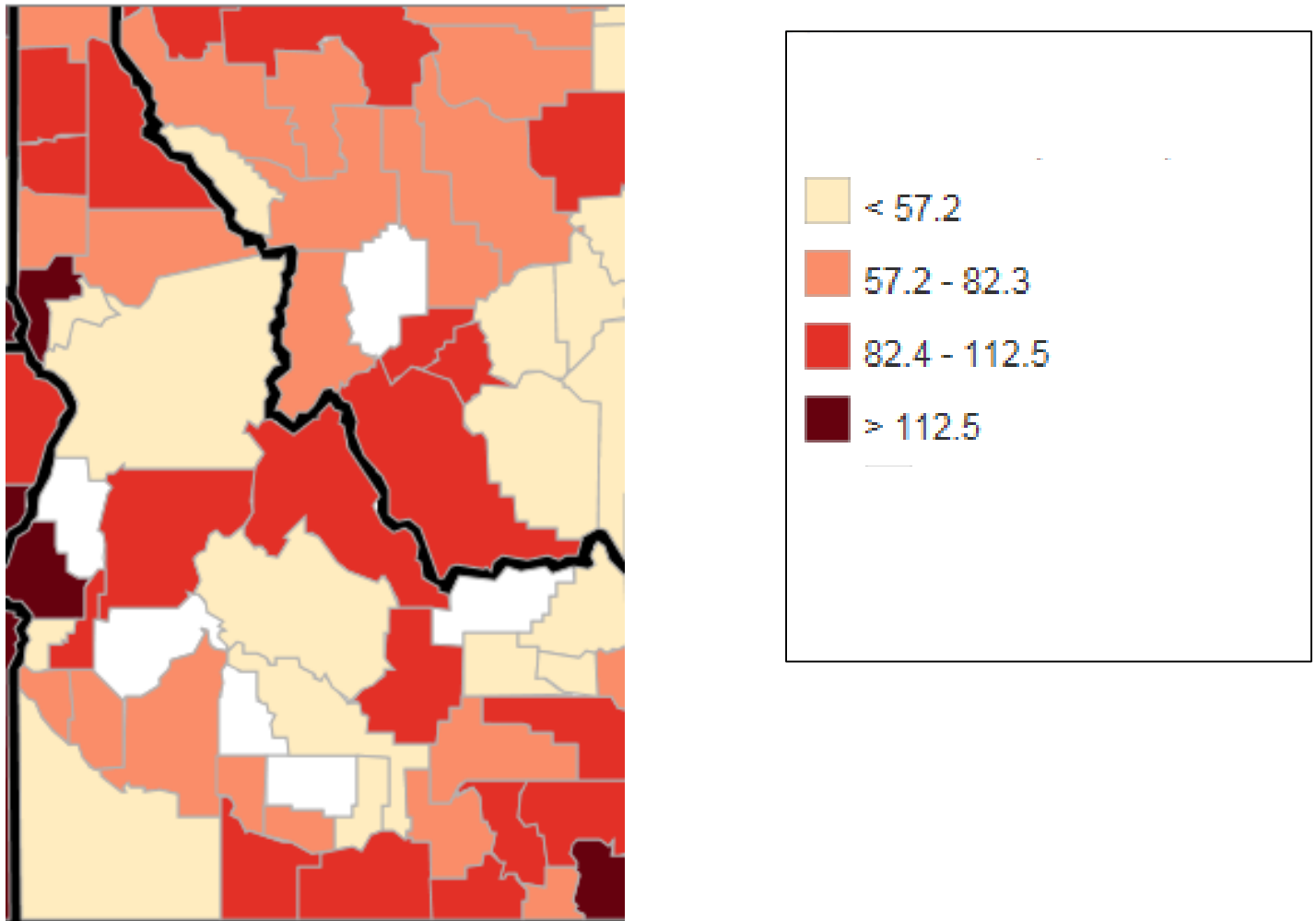


Centers for Disease Control and Prevention, Prescribing Map, 2016



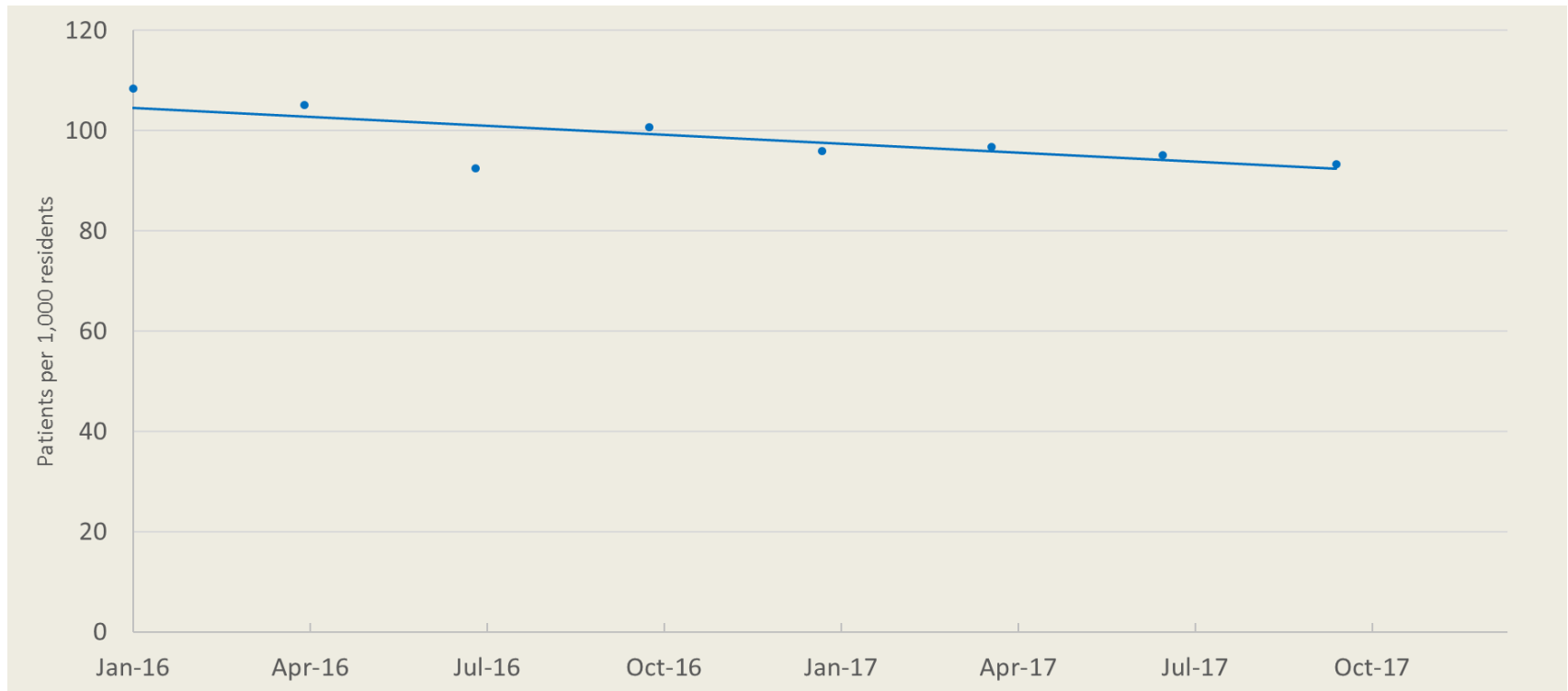
# PRESCRIPTIONS

Variation by county in the total number of opioid prescriptions dispensed/100 persons



Source: Centers for Disease Control & Prevention, 2016

# Quarterly rate of people with $\geq 1$ opioid prescription per 1,000 Idaho residents, 2016–2017



# Resources

## **Opioid Misuse & Overdose Workgroup & Strategic Plan**

[www.odp.idaho.gov](http://www.odp.idaho.gov)

## **Idaho's Response to the Opioid Crisis (IROC)**

<https://healthandwelfare.idaho.gov/> search IROC

To refer anyone to IROC call **1-800-922-3406**

## **Live Better Idaho**

<https://www.livebetteridaho.org/>

## **2-1-1 Helpline**

Call 211

## **Nicole Fitzgerald, Administrator**

[Nicole.fitzgerald@odp.idaho.gov](mailto:Nicole.fitzgerald@odp.idaho.gov)

208-854-3040



# Treatment of Opioid Use Disorder

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# Disclosures

- **No financial disclosures.**
- Will use generic names when possible.
  - Buprenorphine/naloxone instead of Suboxone.
  - “Bupe” for short.
- Will use PollEverywhere



When poll is active, respond at **PollEv.com/bupe**



Text **BUPE** to **22333** once to join



Answers to this poll are anonymous



# W Why did you choose to attend this talk?



W

# How knowledgeable are you about medication assisted treatment?

This is brand  
new to me!

I've heard a little  
bit about it

Pretty  
knowledgeable

Expert

# Goals of Talk

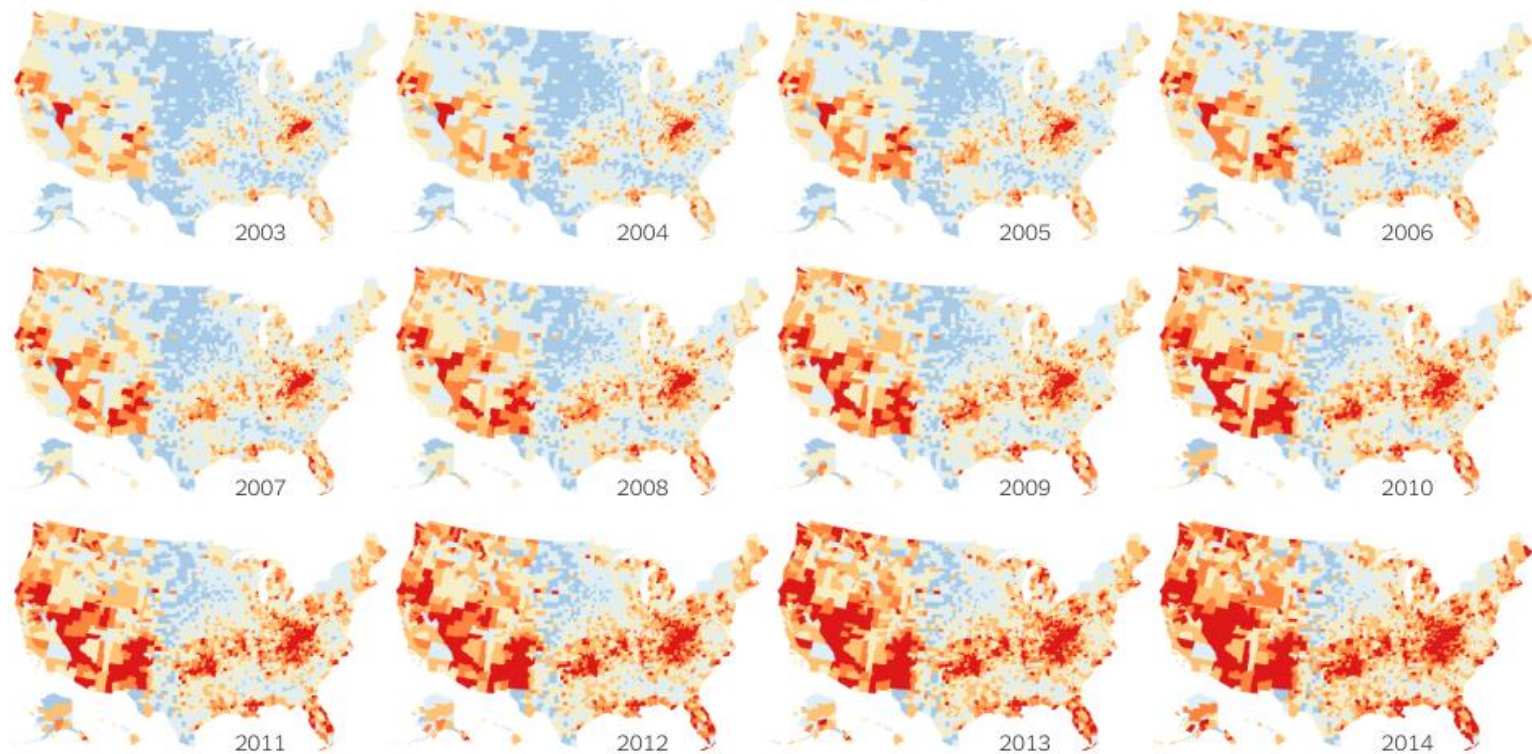
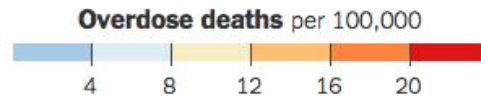
- Understand the scope of the opioid overdose epidemic
- Define opioids, opioid use disorder (OUD), addiction & recovery
- Identify evidence-based treatments for OUD
- Understand why buprenorphine/naloxone is an effective treatment for OUD



# How the Epidemic of Drug Overdose Deaths Ripples Across America



By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016



The New York Times



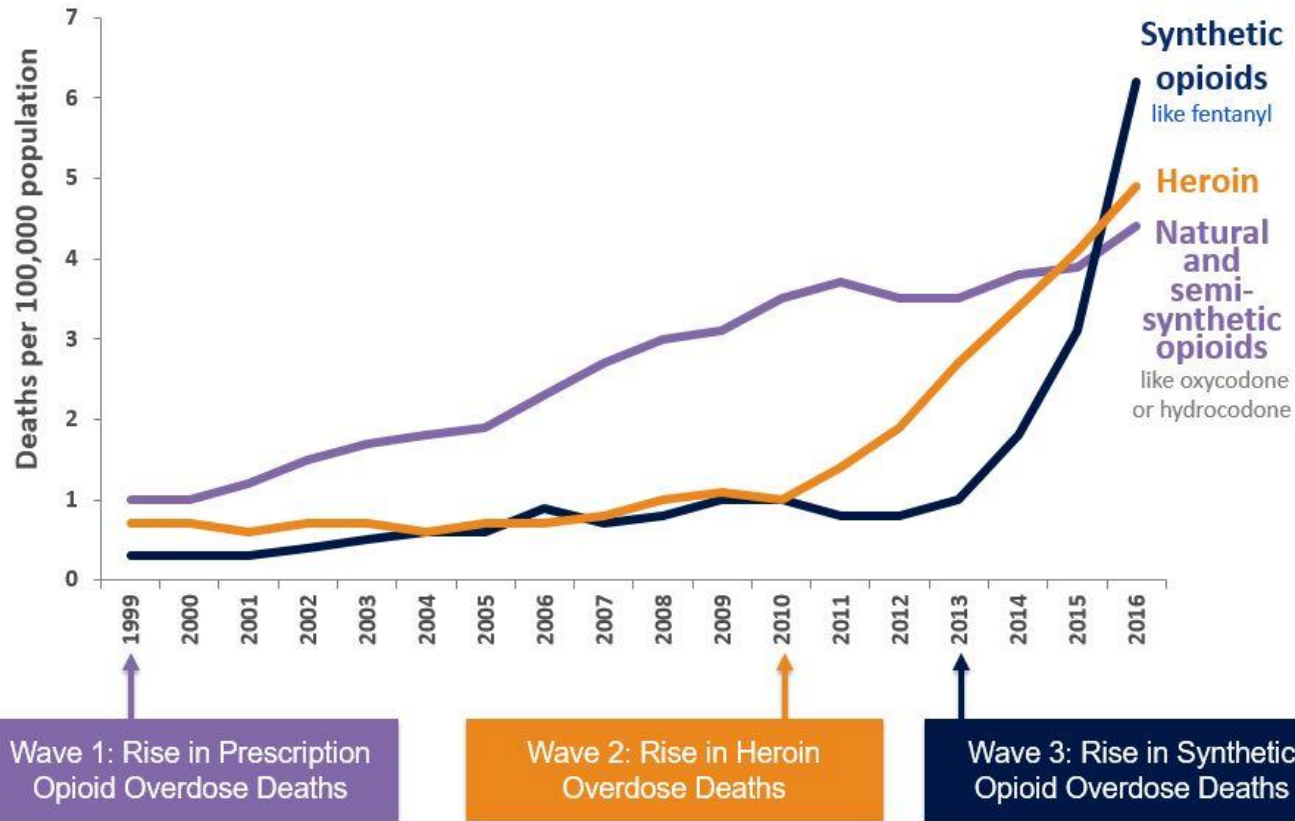
**Deaths from overdoses are  
reaching levels similar to  
the  
H.I.V. epidemic at its peak.**

**115  
AMERICANS**





## 3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

## CDC's Unique Work In Action: *Overdose Deaths are the Tip of the Iceberg*

For every **1** prescription or illicit  
opioid overdose death in 2015  
there were...

**18**  
heroin

people who had a substance use disorder involving

**62** people who had a substance use disorder  
involving prescription opioids

**377** people who misused prescription  
opioids in the past year

**2,946** people who used  
prescription opioids in the past year

Results from the 2015 National Survey on Drug Use and Health: Detailed Tables <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab1-23a>

Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm65051e1>.

# What are Opioids?

- Prescription pain medicines such as hydrocodone (Norco), oxycodone, morphine, fentanyl
- Illegal drugs such as heroin
- Stimulate the opioid receptor in the brain to decrease pain, as side effects make people feel good (euphoria) and slow breathing (overdose risk)



Perfect Fit - Maximum  
Opioid Effect

Empty Receptor

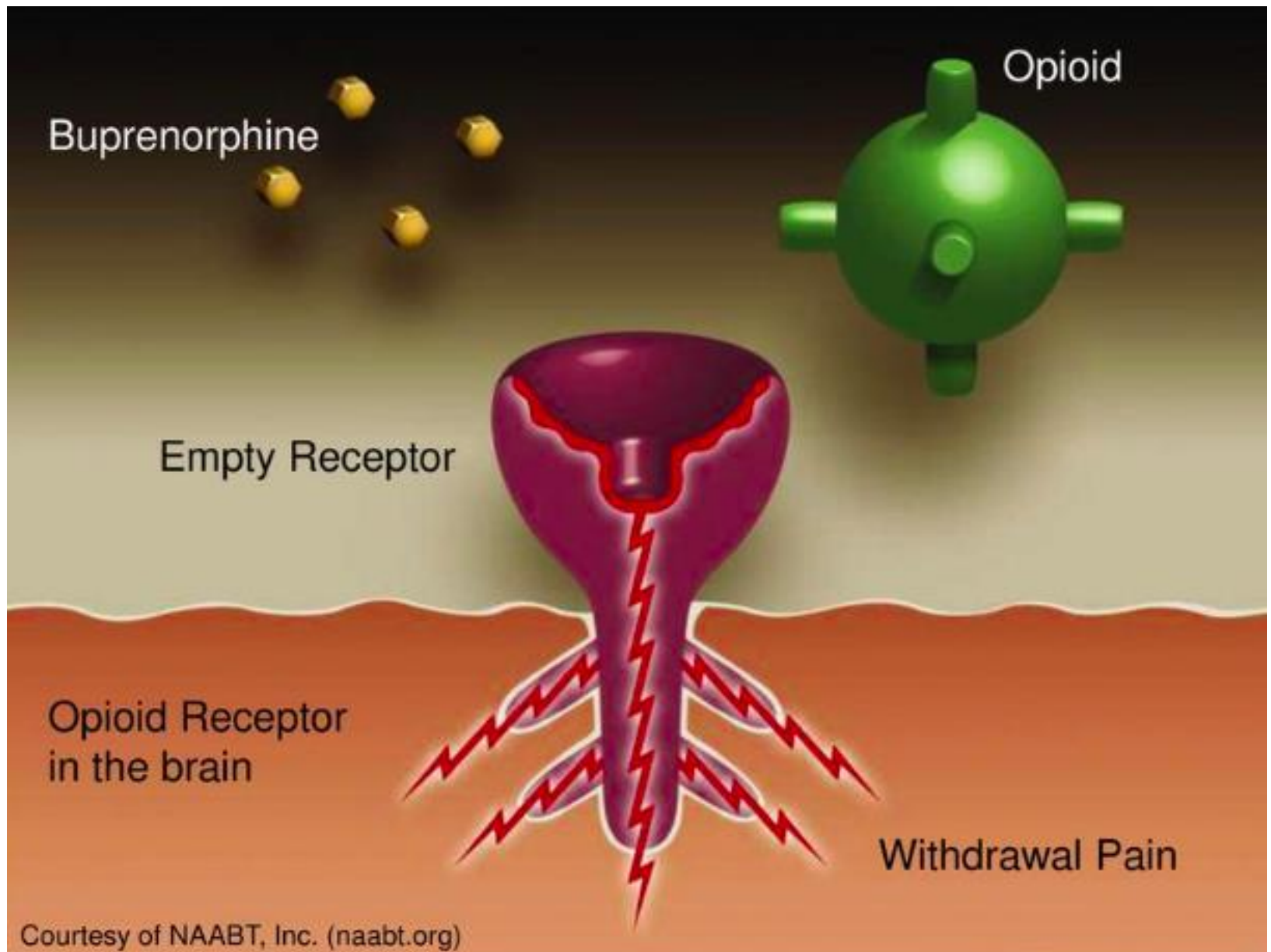
No Withdrawal  
Pain

Euphoric  
Opioid  
Effect

Courtesy of NAABT, Inc. (naabt.org)









# What is Addiction?

- “a primary, **chronic disease** of brain reward, motivation, memory, and related circuitry...
- ...pathologically pursuing reward and/or relief of withdrawal symptoms by substance use...
- ...Without treatment or engagement in recovery, addiction is progressive and ***can result in disability and death.***”



**ASAM**

American Society of  
Addiction Medicine



## Biology / Genetics

- Genetics ~ 50% of risk

## Environment

- Poverty
- Trauma
- Education
- Parents/Peers

## Drugs

- Early Use
- Effect of Drug
- Route of Use
- Availability
- Cost

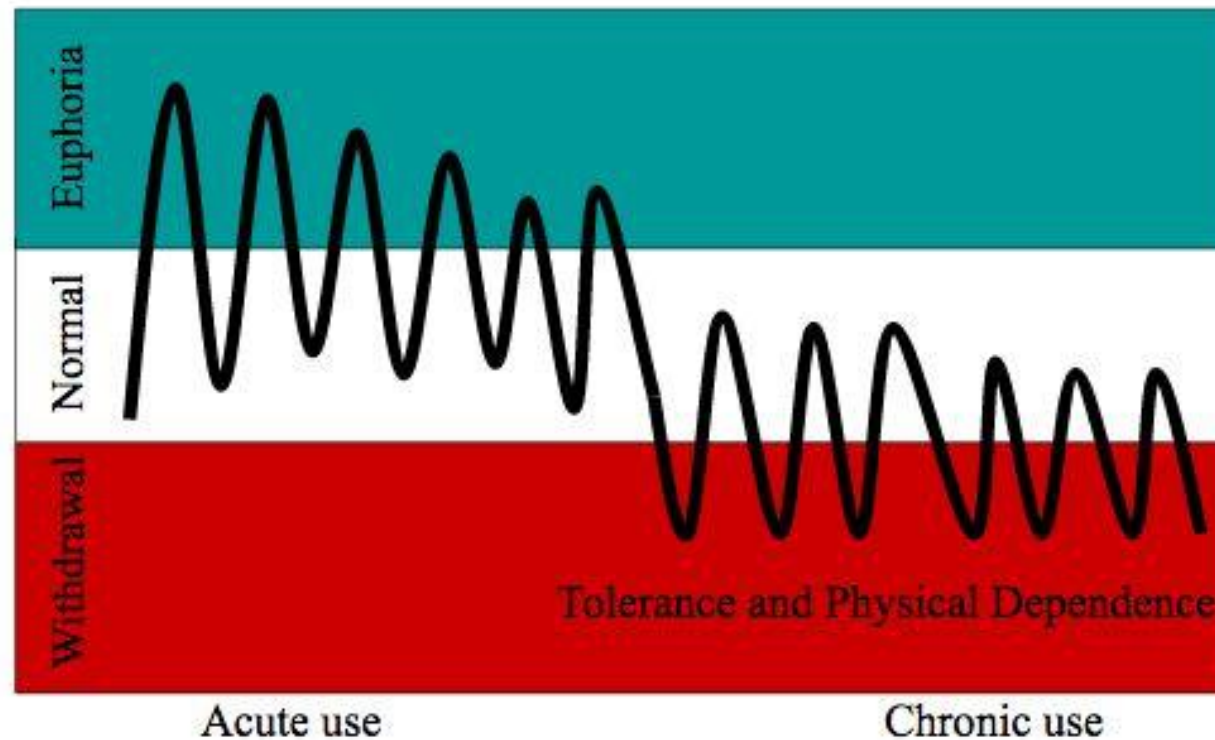
## Brain Chemistry

- Brain Development
- Reward Pathway
- Tolerance/Withdrawal

## Addiction

*Adapted from NIDA 2018*

# Natural History of Opioid Dependence

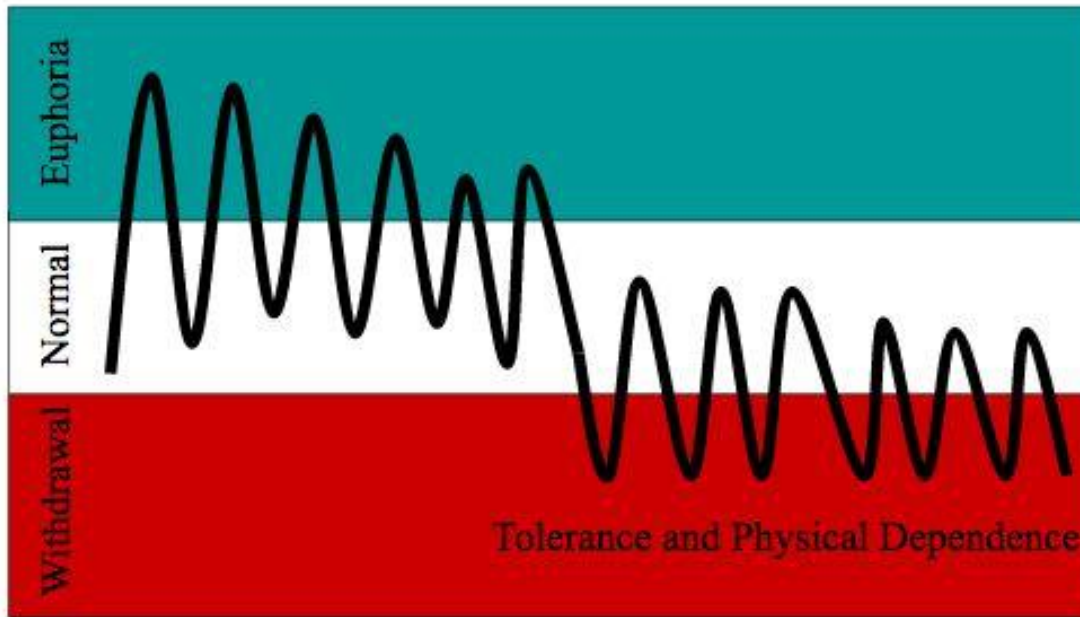


“When you can stop you don't want to, and when you want to stop, you can't.”

Luke Davies, *Candy*. 1998.



# Criminal Justice Exposure Common for Patients with Opioid Use Disorder



In addition to fact that heroin possession/use is illegal, increased tolerance and physical dependence often lead to criminal activity in order to sustain drug use.



# Opioid Use Disorder

Clinical term for the chronic disease of addiction



- Diagnostic criteria include:
  - escalating use & loss of control
  - continued use despite negative consequences
  - diminished ability to fulfill societal obligations
  - tolerance to the effects of the drug
  - withdrawal symptoms when the drug is stopped





# Who is affected?



# Who is affected?



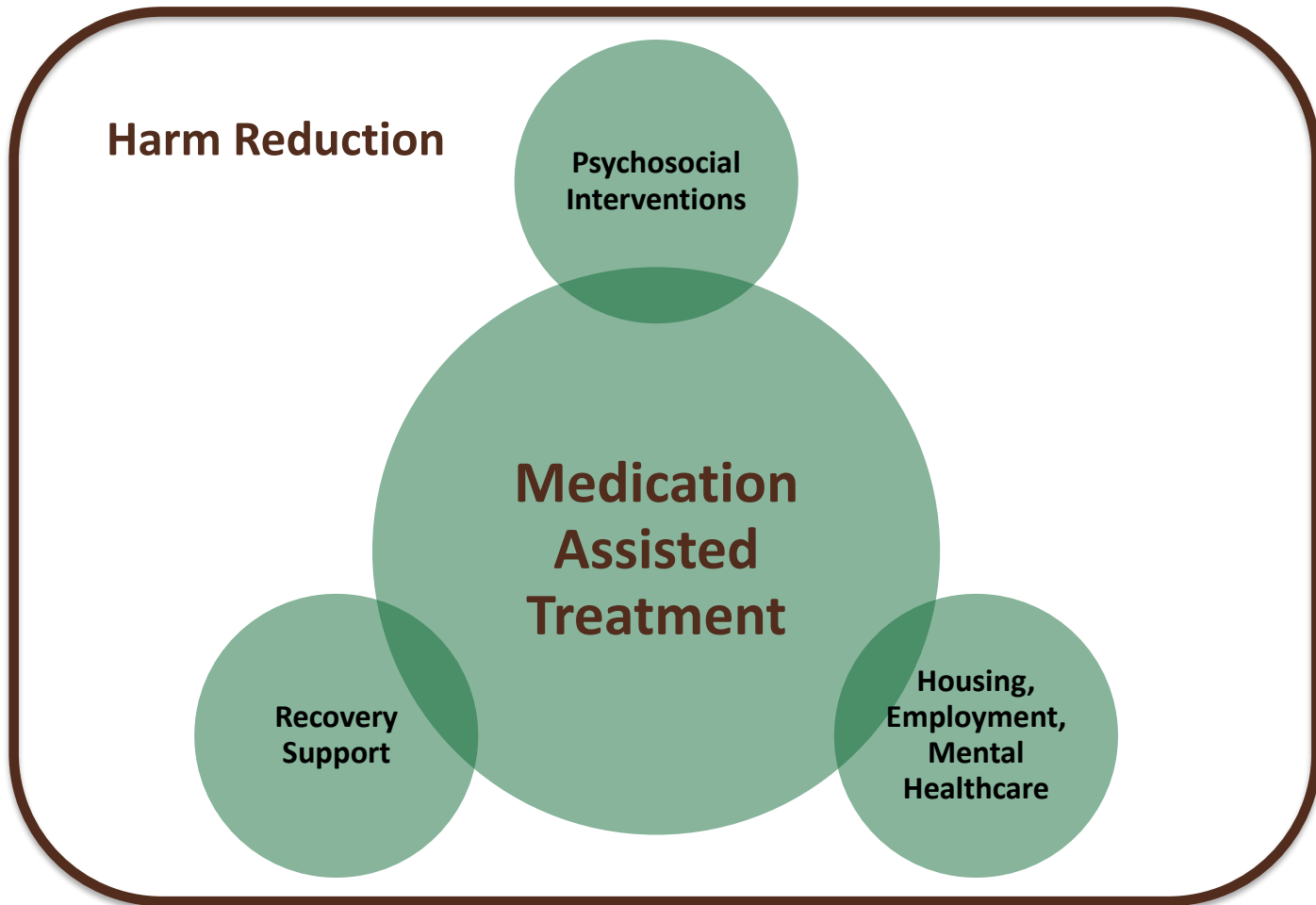
- 70 year-old grandfather, relapsed after 40 years
- 28 year-old homeless insulin-dependent diabetic
- 32 year-old pregnant stay-at-home mom on opioids since last c-section
- 50 year-old using painkillers after work injury
- 44 year-old small business owner





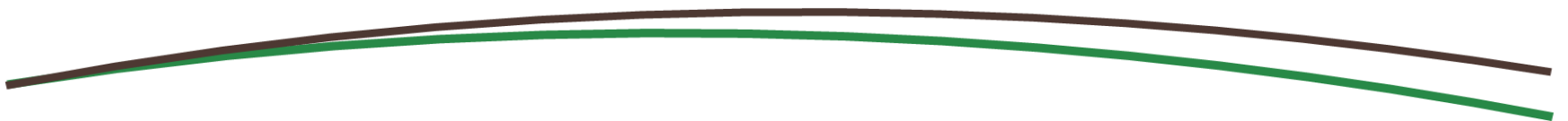
# **W** How can we help these individuals? What treatments can we offer?

# Treatment



# Harm Reduction

- Practical strategies & ideas aimed at reducing negative consequences of drug use
  - Meeting users where they are at
  - Substance use a continuum – from severe use to abstinence
  - Complete abstinence not always the goal
  - Empower & give voice to people who use drugs



# Harm Reduction

- Safe injection technique
- Clean needles
- HIV, Hepatitis C testing
- Hepatitis A & B vaccination
- Naloxone (Narcan) for reversal of opioid overdose





# What is Recovery?



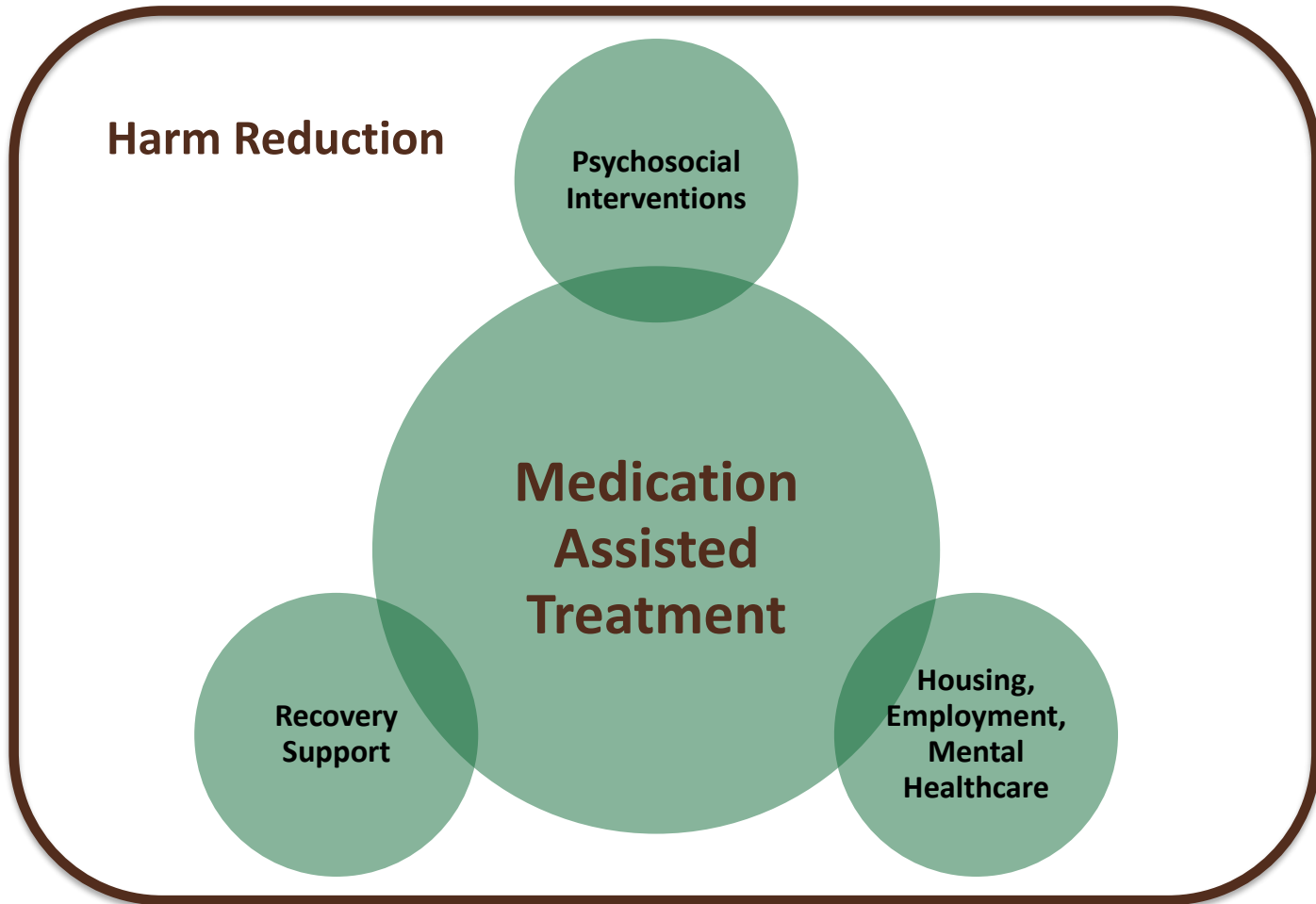
- “a process of *sustained action* that addresses the biological, psychological, social and spiritual disturbances...
- aims to improve the quality of life...
- is the consistent *pursuit* of abstinence”



**ASAM** American Society of  
Addiction Medicine



# Treatment



# Medication Assisted Treatment



**ASAM** American Society of  
Addiction Medicine



# Medication Assisted Treatment



## Opioid Agonist Therapy

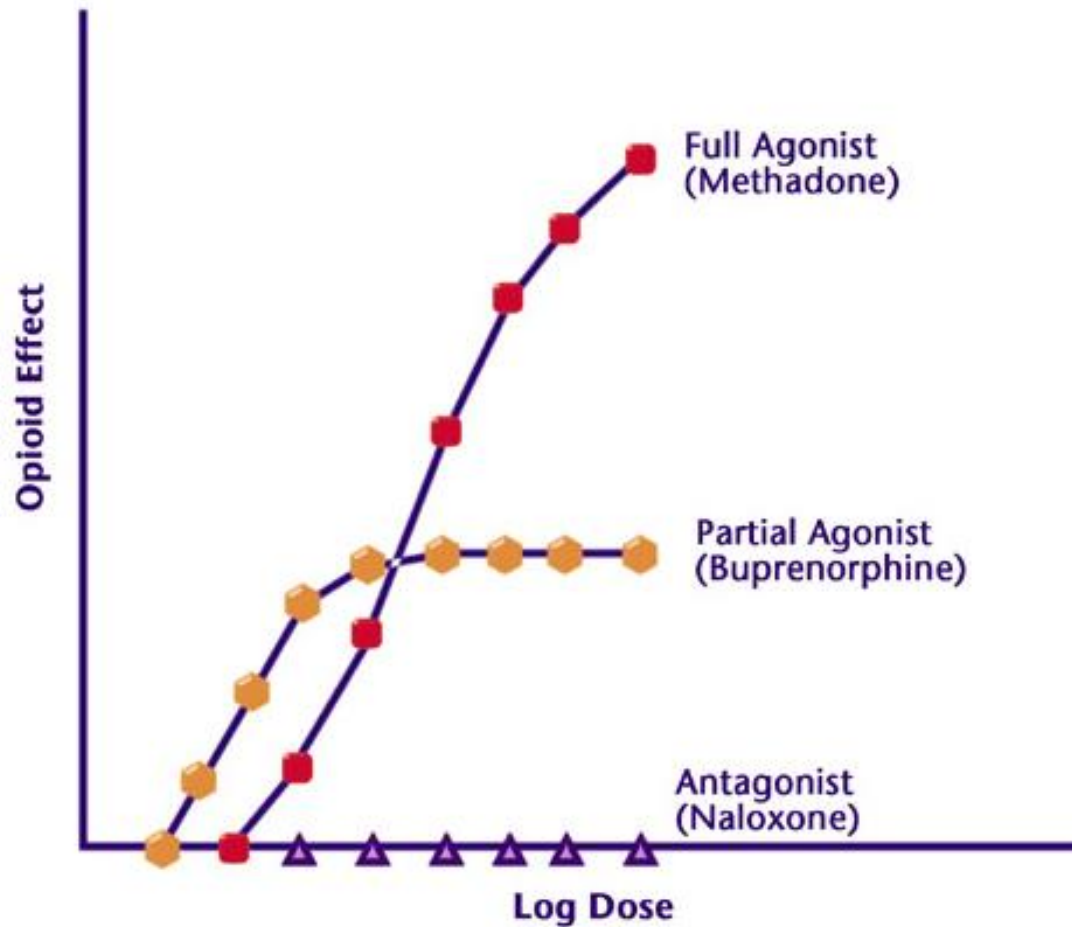
Methadone

Buprenorphine

## Opioid Antagonist

Extended-  
release  
Naltrexone

# Medication Assisted Treatment

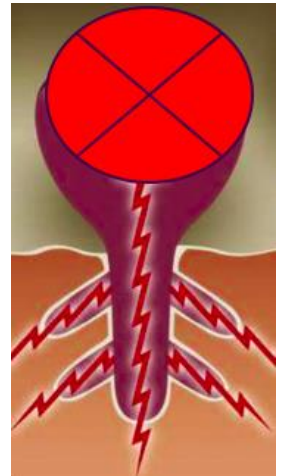


# Opioid Antagonist Therapy

Opioid Antagonist

Extended-  
release  
Naltrexone

- Once monthly intramuscular injection
- Blocks intoxicating/reinforcing effects of opioids
- Some interest pre-release
- High relapse rates, limited evidence
- *Increased risk of overdose after antagonist wears off*





# Opioid Agonist Therapy

## Opioid Agonist Therapy

Methadone

Buprenorphine

Reduce withdrawal symptoms & cravings  
→ prevent relapse → allow brain to heal

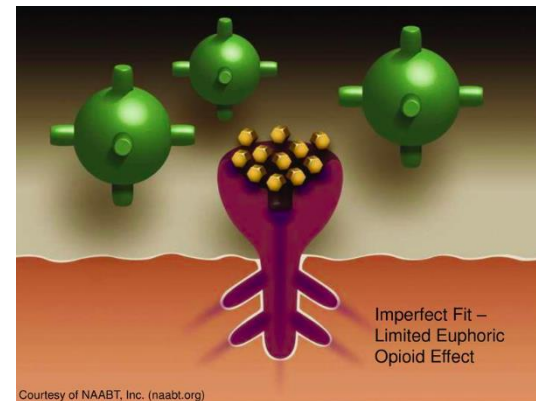
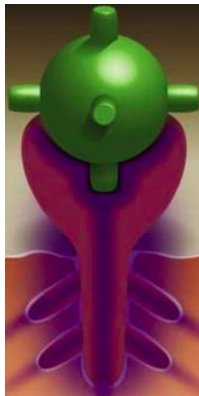
↓ mortality ↓ HIV/HCV ↓ substance use  
↓ criminal activity ↑ retention in treatment

# Opioid Agonist Therapy

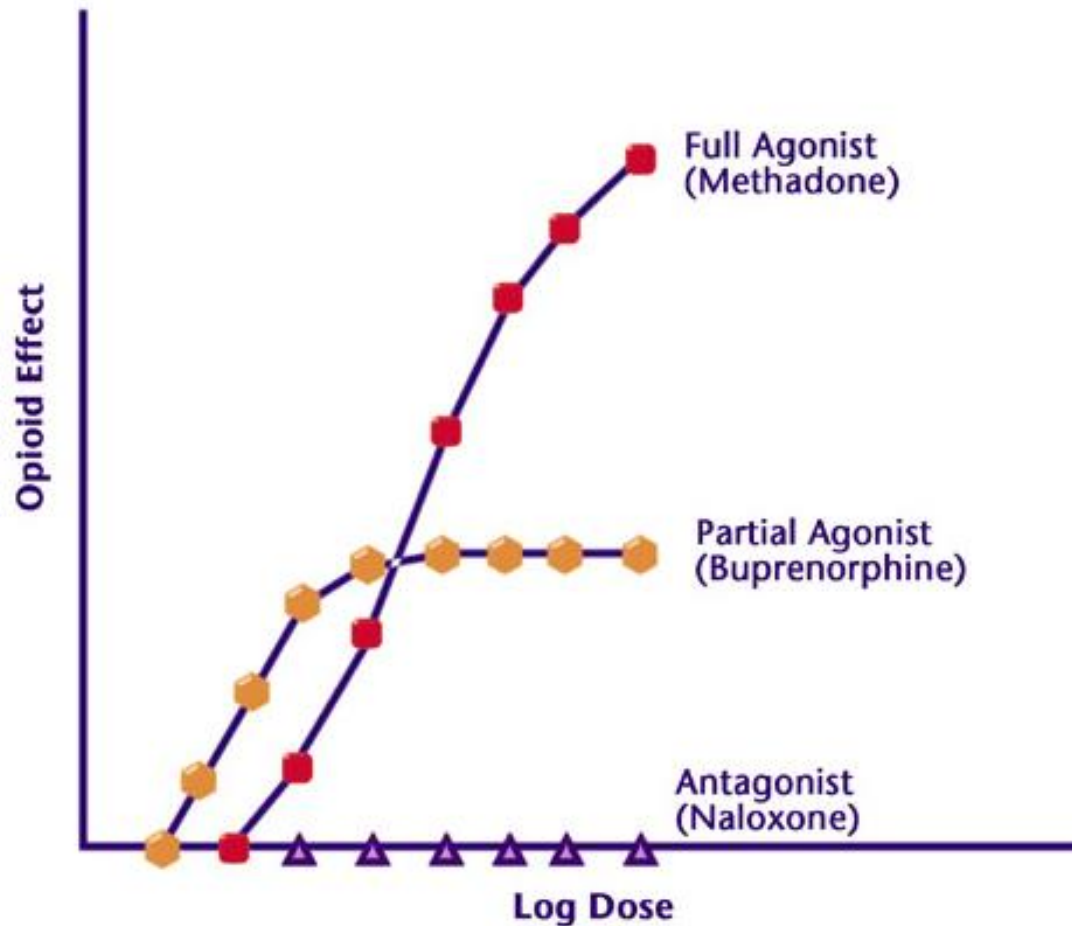
## Opioid Agonist Therapy

Methadone

Buprenorphine



# Medication Assisted Treatment



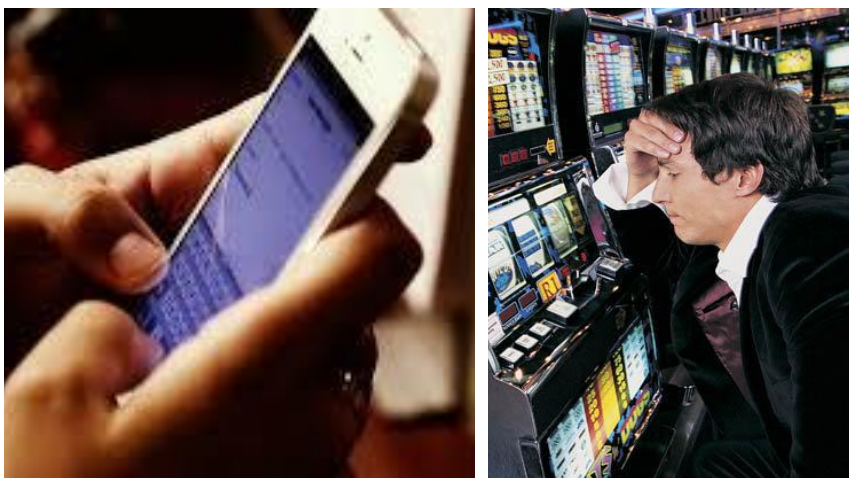
# Methadone vs Buprenorphine



Methadone	Buprenorphine
Full agonist	Partial agonist
Typical dose 80-120mg/d	Typical dose 16mg/d
Treatment Program (daily dosing)	Office based (prescription)
Stigma	Managed like any other chronic illness
More risky, especially during induction phase	<i>Protected from overdose (ceiling effect, tight bond to receptors)</i>
Better for patients who need more structure, heavier opioid use	<b>Bound to naloxone to prevent diversion and misuse</b>



## Addiction



- Escalating use over time
- Loss of control; inability to stop
- Use despite negative consequences
- Unable to fulfill societal obligations

## Dependence

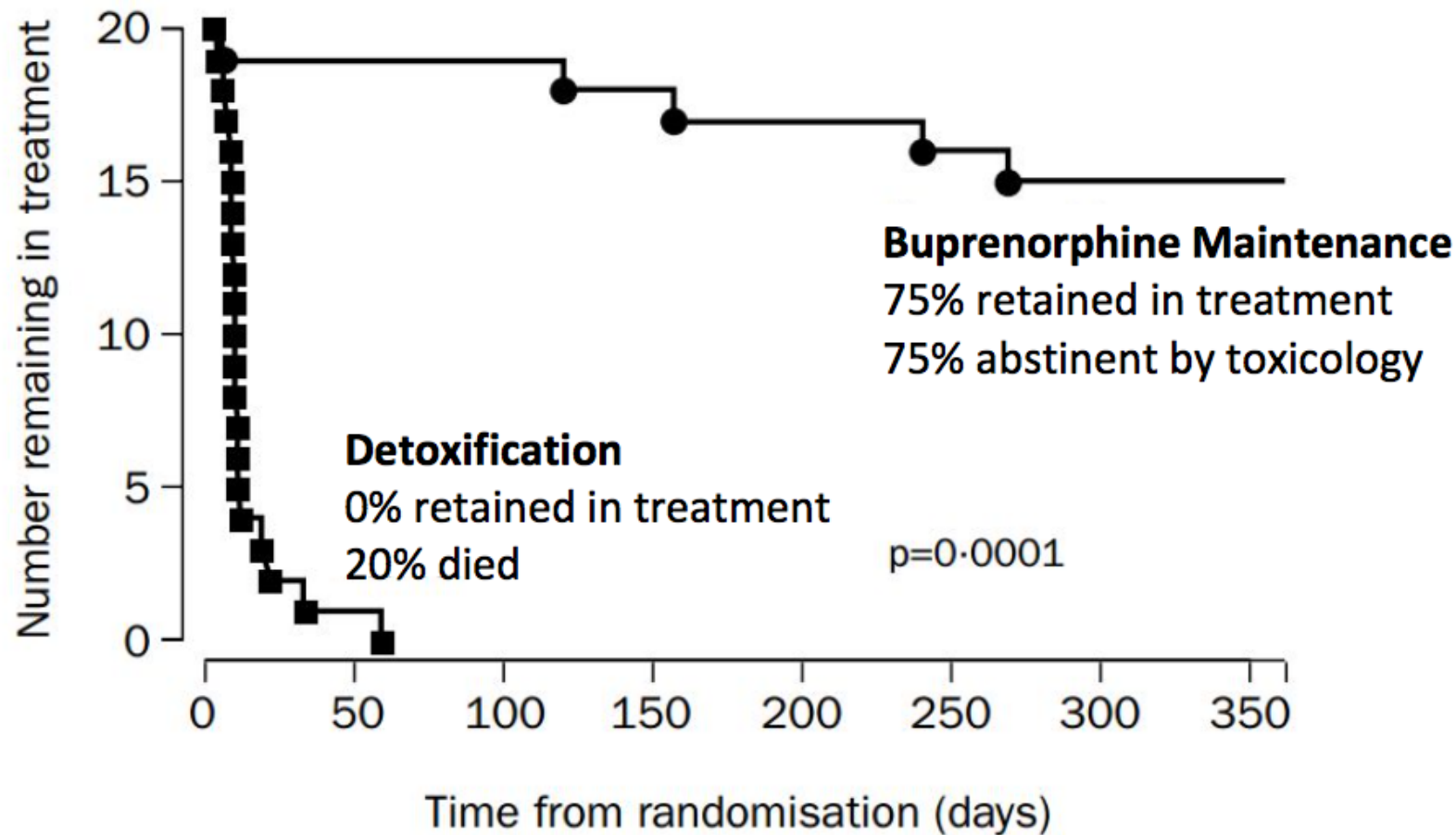


- Presence of withdrawal symptoms if substance stopped abruptly

*Methadone and buprenorphine result in physical dependence but not addiction.*



# Retain in Treatment, Prevent Relapse

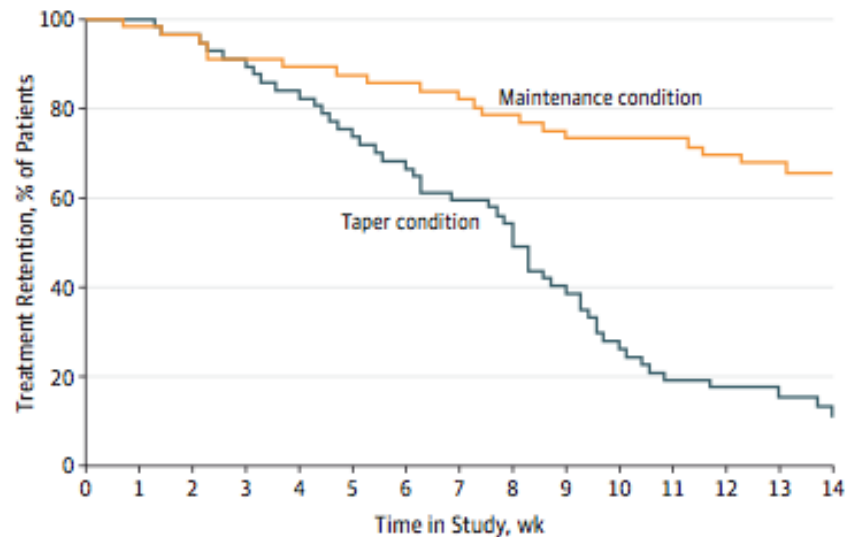




# Retain in Treatment, Prevent Relapse



Figure 2. Treatment Retention and Mean Buprenorphine Dosage for Patients With Prescription Opioid Dependence



Mean buprenorphine dosage, mg/d	
Maintenance condition	14.9 15.1 15.2 15.3 15.3 16.0 15.9 16.2 16.2 16.6 16.8 16.2 16.1 15.8 14.6
Taper condition	15.6 15.6 15.4 15.3 14.2 9.7 5.7 3.1 0.6 0.2 0 0 0 0 0

# Reduce HIV, HCV

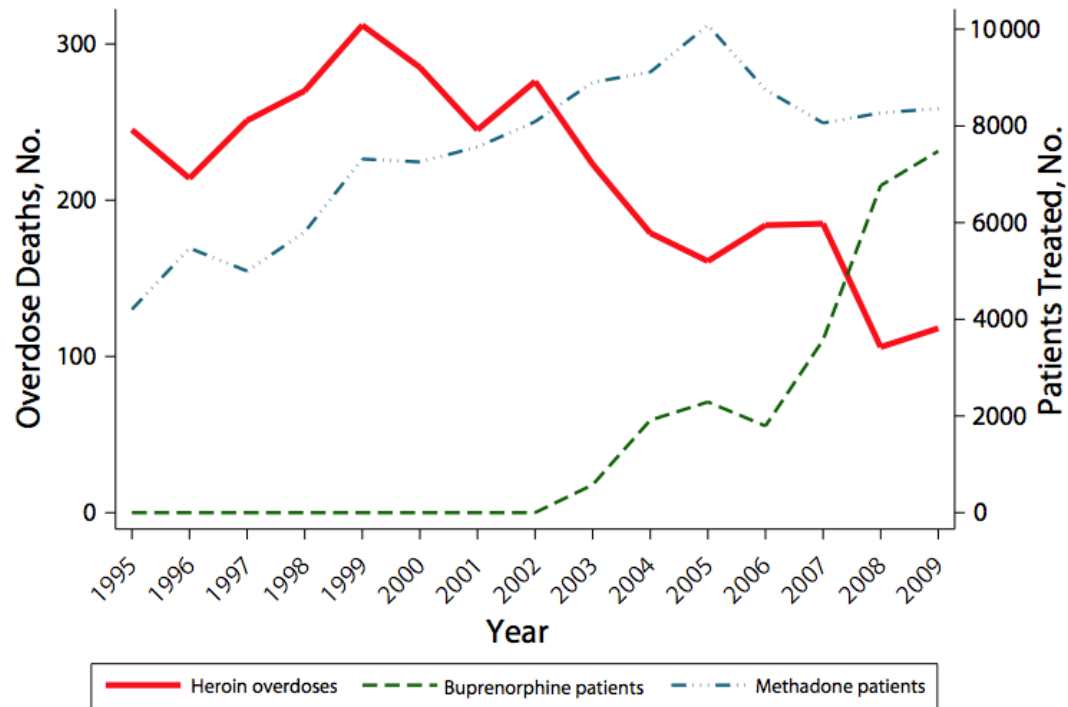


Baseline Characteristic	Incident HCV, No. of Participants	Person-years of Observation	Incidence per 100 Person-years (95% CI) <sup>a</sup>	RR (95% CI)	P Value
Overall	171	680	25.1 (21.6-29.2)	NA	NA
Drug treatment in past 3 mo <sup>b</sup>					
None	138	488	28.2 (23.9-33.4)	1 [Reference]	
Non-OA therapy	15	84	17.9 (10.8-29.6)	0.63 (0.37-1.08)	.09
OA detoxification	11	27	41.1 (22.8-74.2)	1.45 (0.80-2.69)	.23
Maintenance OA therapy <sup>c</sup>	7	81	8.6 (4.1-18.1)	0.31 (0.14-0.65)	.001

**70% lower risk of acquiring hepatitis C on methadone or buprenorphine**



# Reduce Mortality



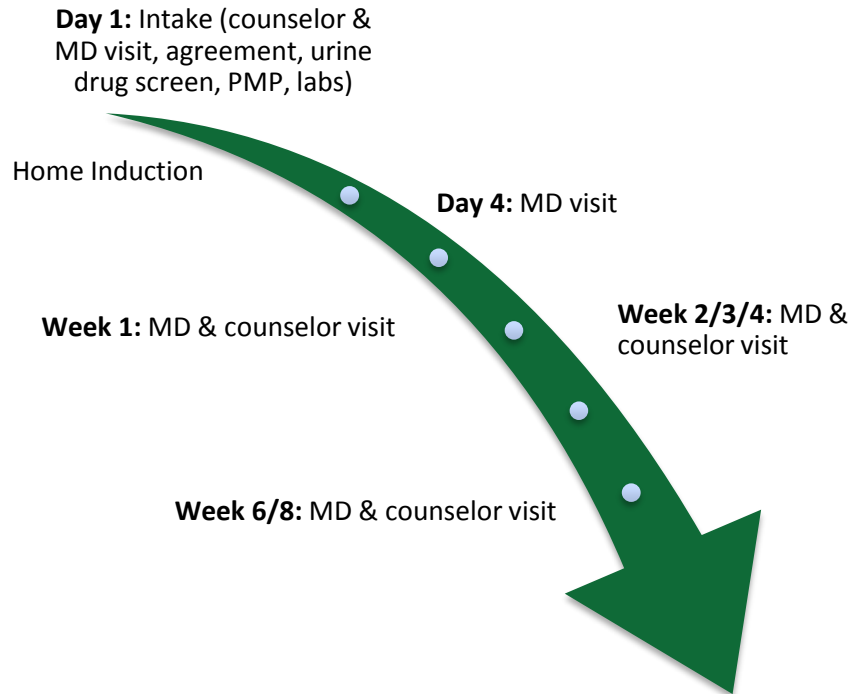
**FIGURE 1—Heroin overdose deaths and opioid agonist treatment: Baltimore, MD, 1995–2009.**

# Reduce Mortality



- Recent meta-analysis showed reduction in all-cause mortality and overdose-related mortality
  - **Three** times higher mortality rate out of methadone treatment
  - **Five** times higher overdose mortality rate out of methadone treatment

# Buprenorphine Treatment



Urine drug screens each visit.  
Monthly visits once patient doing well.  
Recommend LONG TERM treatment, typically a year or longer;  
some need lifelong treatment.

# W What are the biggest barriers to care?

Cost

Health Insurance

Stigma

Licensed prescribers

Other



# What can employers do?



- Naloxone for reversal of opioid overdose on site and easily accessible
- Information about how to access care
- Support staff struggling with opioid use disorder, as would support employees with other chronic medical conditions
- Ensure coverage of substance use disorders and mental health care





In the unfortunate circumstance where an employee finds that he or she is dependent upon or addicted to opioid painkillers, help needs to be clear and accessible. Employee-sponsored treatment is more effective than treatment encouraged by family or friends. Retaining an employee following successful treatment is good for morale and the company's bottom line.

Employers committed to safe and healthy workplaces have a responsibility to address the opioid epidemic. These employers can do so with strong employee policies, alliances with health benefits and workers' compensation plan providers, education, expanded drug-free workplace testing and access to treatment programs.

The proactive role  
employers can take:  
**OPIOIDS IN THE WORKPLACE**

SAVING JOBS, SAVING LIVES AND REDUCING HUMAN COSTS

# Want to learn more?



- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://odp.idaho.gov/opioids-and-overdoses/>
- <https://www.nsc.org/>



# Questions?



- [mhamso@trhs.org](mailto:mhamso@trhs.org)

